

High Holy Days Child Care Room Form

Please fill out the form below for each child. It will help us to care for your child while you are attending Services. We want to ensure that all children have a positive and safe experience. We kindly ask that you put your cell phone on vibrate in case of emergency. This form must accompany your child to babysitting.

Childs' Name _____

Childs' Age _____

Potty Trained Yes / No

Change of Clothes Yes / No

Allergies or Dietary Restrictions Yes / No

If yes, please detail _____

Parent/Guardian 1 _____

Cell Phone # _____

Parent/Guardian 2 _____

Cell Phone # _____

Comments – Please share any special routines, fears or other information that may help your child to have the best possible experience

For Official Use Only

Drop off Time _____ Pick up Time _____

Diaper Change Time(s)